

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Elisabeth L. Belden Examiner: Manuel, George C.
Serial No. 10/034,143 Group Art: 3762
Filing Date: December 28, 2001 Docket No.: P-10522.00
Title: CONNECTION SYSTEM FOR A MULTI-POLAR LEAD

AMENDMENT AND RESPONSE

Mail Stop Amendment
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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SEP 01 2004

Sir:

Entry and consideration of the following in response to the Office Action dated June 1, 2004, having a three-month statutory period for response set to expire on September 1, 2004, is respectfully requested.

SEP 01 2004



Medtronic

Facsimile Cover Sheet

P-10522.00

To: Examiner Manuel
Company: U.S. Patent and Trademark Office
Phone:
Fax: 703 872 9306

From: Michael C. Soldner
Company:  **Medtronic**
Phone: 763 514 4842
Fax: 763 505 2530

Date: September 1, 2004

**Pages including this
cover page:** 13

Comments: RE: P-10522.00
Serial No. 10/034,143
Applicants: Elisabeth L. Belden
Filed: December 28, 2001
Title: Connection System for a Multi-Polar Lead

Attached please find the following documents:

☒ Amendment
☒ Transmittal

IF TELECOPY IS ILLEGIBLE OR ALL PAGES HAVE NOT BEEN RECEIVED, PLEASE CONTACT SUE MCCOY AT TELEPHONE (763) 514-8662 IMMEDIATELY.

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DOCKET NO.: P-10522.00

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL**

In re Application of: Elisabeth L. Belden
For: Connection System for a Multi-Polar Lead
Serial No.: 10/034,143
Filed: December 28, 2001

CERTIFICATE UNDER 37 CFR §1.8 I hereby certify that this Amendment and Transmittal and the paper(s), as described herein are being sent to telefacsimile No. (703) 872 9306, MAIL STOP AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 17 day of September, 2004.

Signature

Sue McCoy
Printed Name

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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SEP 01 2004

Sir:

We are transmitting herewith the attached:

X AMENDMENT**FEE CALCULATION:**

FEE CALCULATION	No. of Claims Filed	No of Claims Previously paid for	No. of Extra Claims	Rate	Fee
Total Claims	22	20	2	x 18	36
Independent Claims	5	3	2	x 86	172
Multiple Dependent Claims	0			+ 270	0
TOTAL					\$208.00

- ☒ Please charge Deposit Account No. 13-2546 in the amount of **\$ 208.00** for the extra claims fee.
- X** Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked on this Amendment Transmittal with regard to this filing. A duplicate of this transmittal is enclosed.
- X** Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time.

September 1, 2004
Date

Michael C. Soldner
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